

Washington State Early Childhood Program and Services Profiles

**A Working Paper shared with the Early Learning Council
May 1, 2006**

Compiled by Jill Sells, MD; Lorrie Grevstad, RN, MN and Sangree Froelicher

Contact information:

Lorrie Grevstad

Liaison to the Early Learning Council. Washington State Department of Health.
(360) 236-3560. Lorrie.Grevstad@DOH.WA.GOV.

Jill Sells

Director, Docs For Tots Washington State. 206.947.5847. jsells@docsfortots.org.

Sangree Froelicher

Director, Head Start-State Collaboration Office. 360.725.4686 . Froelsm@dshs.wa.gov

Table of Contents

<u>Content</u>	<u>Pages</u>
Title Page	1
Table of Contents	2
Introduction and Context	3
Kids Matter Outcome Map	4
Profiles	
CHILD Profile	5-7
Early Head Start (EHS)	8-9
Early Head Start Program Example: Neighborhood House	10-11
Early Childhood Education and Assistance Program (ECEAP)	12-14
Head Start (HS)	15-16
Head Start-State Collaboration Office (HS-SCO)	17-21
Healthy Child Care Washington (HCCW)	22-23
Infant Toddler Early Intervention Program (ITEIP)	24-27
Nurse Family Partnership	28-31
Special Education Preschool	32-35
Washington Council for Prevention of Child Abuse & Neglect / Children's Trust Fund of WA (WCPCAN)	36-37

Introduction and Context

This working document is shared at the request of the Early Learning Council

Context:

- The Human Services Policy Center Finance study solicited input around potential health and human services components to include in their finance model
- The Early Learning Council has been considering the broader context of early learning/early childhood with respect to the Council's work, the finance study, the new Department of Early Learning, and Thrive by Five
- Early Learning programs such as ECEAP, Head Start, and Early Head Start incorporate health, social emotional development, parenting information, and family support into their programs, but what this means may not be clear to all stakeholders
- Many other state agency/statewide programs impact early learning (via health, social emotional development, parenting information, and family support), but might not automatically be recognized or thought of as 'early learning programs'
- It is challenging to understand what early learning programs and services currently exist in Washington State
- Kids Matter is a framework which can be used to help describe many cross-agency and cross discipline efforts in early childhood across the areas of health, social emotional development, parenting information, and family support
- Understanding current programs and services at a systems level is a critical first step to informed planning of new or expanded policies, services, or funding mechanisms

Response: Given the tight timeframe for the Council's work, we attempted to quickly compile information about some key state programs, including basic descriptions, and funding mechanisms, and these are attached in individual profiles. The programs profiled impact children across the state and are seen as some of the partners in the work of the ELC, the Department of Early Learning, and Thrive By Five.

Limitations: This compilation represents a quick attempt at pulling together information, which inevitably means it is incomplete. It is NOT meant to imply that these are the only, or the most important, programs to consider. Any attempt to compile such a document leaves out important programs and information and leads to more questions. This document is intended to provide a fairly broad overview of some services and programs which are strengths of existing statewide agencies and represent infrastructure from which to build. It is intended to be a starting point, and a work in progress.

Data sources: The contact information for the person completing each profile is included within it. **We express our very sincere gratitude to all those who provided this information with very little notice.** The information presented here is respectfully offered as a genuine attempt to help inform rapidly moving processes so that together we can work to improve outcomes for children in Washington State.

-Jill Sells, Lorrie Grevstad and Sangree Froelicher

KIDS MATTER FRAMEWORK

INFRASTRUCTURE

- Research and Resources
- Infrastructure In WA State
- Projects and Initiatives

COMMUNICATION

- Children's Web Hub
- CHILd Profile
- Child Care Resource and Referral Agencies
- Healthy Mothers Healthy Babies and 211 Information and Referral Lines

FUNDING

- Leverage public/private resources to move the early childhood agenda

KEY RESOURCES

STRATEGIES

ACCESS TO HEALTH INSURANCE & MEDICAL HOMES

- Increase awareness among all who care for young children about the importance of comprehensive health care
- Enroll more eligible children in public health insurance programs (Medicaid, SCHIP, Basic Health, SSI)
- Facilitate access to a Medical Home for all children (including medical, dental, mental health, vision & hearing services)
- Make developmental assessment & referral to Early Intervention (EI) accessible

SOCIAL, EMOTIONAL & MENTAL HEALTH

- Ensure that communications with all who work with young children emphasize the importance of social, emotional & mental health
- Promote existing programs' awareness & implementation of models of services & supports for young families that are effective, culturally competent & community-based
- Promote existing programs' awareness & implementation of practices that provide opportunities for social connectedness for families
- Promote caregivers' knowledge of social, emotional & mental health of young children
- Promote collaboration among policy-makers, providers & other stakeholders

EARLY CARE AND EDUCATION/CHILD CARE

- Use Washington State Early Learning & Development Benchmarks as a tool to enhance the quality of early care & learning
- Improve the ability to evaluate & reward high-quality programs through development of Quality Rating System (QRS) & Tiered Reimbursement
- Promote children's health in early care & education programs (ongoing statewide collaborative effort: Healthy Child Care Washington-hccw)
- Support high quality professional development services for caregivers
- Develop capacity within the early care & education systems to engage in family support
- Expand access to high quality preschool experiences

PARENTING INFORMATION AND SUPPORT

- Provide information to parents & facilitate connection to needed services & supports
- Provide professional development programs, services & supports for professionals providing information & support to parents
- Strengthen & sustain the Washington Parenting Education Network (WAPEN)

SYSTEM CHANGES

- Increased number and percentage of children who have medical insurance

- Increased availability of appropriate and coordinated mental health services for children

- Increased number and percentage of child care & preschool programs that are quality rated
- Increased wages for quality child care providers
- Increased systems' recognition of families' role as the primary nurturer of their children
- The public sees early childhood education, health & school readiness as a major contributor of academic success and economic growth
- Improved ability of families to obtain quality child care & preschool programs to meet families' needs
- Increased availability of community resources & support networks for families and caregivers

- Increased availability of parenting education resources & services

PARENT & CARE-GIVER CHANGES

- Increased understanding of the importance of comprehensive health care (including medical, dental, mental health, vision & hearing)
- Increased ability to recognize an emerging issue with their child's health or development and connect with appropriate services

- Improved understanding and practice of nurturing behaviors to promote children's optimal social-emotional development and mental health

- Increased understanding of what children need for optimal health & development (physical, social-emotional, cognitive & language)

- Increased stress-reduction skills
- Increased knowledge & skills to support children's health & development

CHILD CHANGES

- Increased number and percentage of children that receive recommended preventive care (e.g., well-child, immunizations)
- Increased number and percentage of children who have access to comprehensive health care (including medical, dental, mental health, vision & hearing)

- Increased number and percentage of children entering kindergarten with social-emotional skills

- Increased number and percentage of children entering kindergarten healthy & ready for school, including: 1) physical well-being, health & motor development; 2) social & emotional development; 3) approaches toward learning; 4) cognition & general knowledge; and 5) language, communication & literacy

- Increased number and percentage of children who live in safe, stable & supportive families

GOAL

CHILDREN ARE HEALTHY AND READY FOR SCHOOL



Family Support approach, strategy, or outcome

CHILD Profile

1. Program Name: CHILD Profile

2. Administering Agency or Organization: Washington State Department of Health

3. Your Name, Title, and Contact Information:

Denise Farrand, Health Promotion Operations Manager, denise.farrand@metrokc.gov, 206-296-2788 or Michele Perrin, Health Promotion & Communications Manager, michele.perrin@doh.wa.gov, 360-236-3720

4. Program Description: CHILD Profile is Washington's statewide Immunization Registry and Health Promotion system, designed to ensure children receive the preventive care they need. Both program components utilize a core database of demographic and immunization information on almost all Washington children. The health promotion system provides parents a series of 17 age-specific mailings from birth to age 6 with important reminders about well-child visits, immunizations due, safety, nutrition, development, and other parenting topics. The Immunization Registry is a secure system for health care providers to use in tracking immunizations given, to ensure children and adults receive necessary immunizations. The remainder of the questions here will be answered only for the Health Promotion component of CHILD Profile.

5. Program Goals

Health Promotion system goals are to:

- Support and assist parents in making health care and other health and safety decisions about their children by ensuring the health promotion materials are up to date, relevant, useful, comprehensive and effective.
- Work to ensure 90% (increase from 86%) of 0-6 population in WA are sent mailings accurately and appropriately.

6. Key Services – Immunization Registry for health care providers, health promotion mailings for parents – see program description.

7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):

- **Health** _____%
- **Social & Emotional Development/Mental Health** _____%
- **Early childhood education** _____%
- **Parenting Education, Information and Involvement** : **100%** is parenting education, though content also addresses each of the other categories.
- **Family Support** _____%

8. Funding Sources: Approximately 20% State General Fund; 60% Federal Immunization Grant; 20% Medicaid match; other smaller sources include partnership funds from other state agencies and private non-profit organizations and foundations.

- 9. Eligibility Criteria:** All children born in Washington State are automatically enrolled in CHILD Profile via weekly downloads of demographic data from the state birth certificate (vital records) system. A child can be added to the system by parent request, or when their health care provider or health plan adds their demographic and immunization information to the system.
- 10. Program Capacity (# served and # of sites) –** Health promotion system: mailings currently reach 86% of WA parents of children birth – age 6, or about 420,000 families; capacity is total WA population of children in the target age group, roughly 480,000 families. Currently, materials are available to families in English or Spanish.
- 11. Geographic Area (statewide, counties served, community served etc.) -** statewide
- 12. Key Indicators used to measure achievement of outcome goals:**
- # families receiving the mailings & % of population that represents
 - % of families receiving the mailings in Spanish, and % of the population who speak Spanish at home that represents
 - % satisfaction (relevance, usefulness) with mailings
 - % self-report knowledge, attitude and behavior change from information
- 13. Evaluation Method:** Both qualitative and quantitative evaluation is conducted regularly to ensure the materials continue to meet parent's needs over time. Quantitative evaluation is conducted every 2-3 years via a large statewide parent satisfaction survey. Most recently, in summer & fall 2005, over 7000 parents were surveyed, 39% responded, showing high readership and usefulness of the materials, along with significant knowledge and behavior change. Detailed results are available; these positive survey results are consistent with the results from the three previous parent satisfaction surveys. Also, survey response rates were higher on the three previous surveys.
- Qualitative evaluation consists of focus groups on particular content areas, and pre-testing with parents as new materials are developed. Through both types of evaluation activities, CHILD Profile regularly asks parents what additional information they need, and then works to meet those needs through revisions of current materials and/or inclusion or development of new materials.
- 14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** CHILD Profile health promotion mailings are a key parent support strategy within the Kids Matter framework. Also, the series of CHILD Profile development charts is being revised and expanded to align with the Washington State Early Learning and Development Benchmarks, and the series will for the first time be made available to non-parental caregivers, (child care providers, pediatricians, etc) through a public-private partnership. Finally, as the main vehicle for broad communication to parents in Washington, CHILD Profile works with many partners on a wide variety of health and safety topics, and continuously seeks input from topic experts (groups & individuals), parents, and others on revision of materials
- 15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Health

promotion mailings contain messages supporting multiple DOH initiatives; the Back to Sleep campaign; Shaken Baby Syndrome Prevention, WA Ceasefire's ASK campaign (Asking Saves Kids – gun safety message). In addition, a phrase linking CHILD Profile mailings to Born Learning is being considered for the materials. Through the mailings parents are provided with a wide variety of print, phone and online resources, including:

- Healthy Mothers Healthy Babies Family Health Line
- WA Poison Control Center
- Northwest Burn Foundation
- Infant Toddler Early Intervention Program
- Healthy Kids Now (free and low-cost health insurance)
- Children's Hospital and Regional Medical Center
- Booster Seat Coalition
- Consumer Product Safety Commission (for recalls of child products)
- National Highway and Traffic Safety Commission (for car seat recalls)
- Talaris Research Institute Spotlights
- Lead Poisoning Prevention
- Second Hand Smoking information and Tobacco Quitline
- Washington State Dairy Council – nutrition & physical activity
- Protect Your Child From Toxins
- Common Sense Media
- Post Partum Depression campaign
- Getting School Ready

Early Head Start

1. Program Name

Early Head Start, including American Indian/Alaska Native and Migrant EHS Programs

2. Administering Agency or Organization

The federal Department of Health and Human Services directs funding and monitoring of local grantees. Federal grants are given to local organizations, and tribal governments. These grantees may be corporations created solely to provide Early Head Start services, or they may be multipurpose agencies serving migrant populations, public school districts, educational service districts, community action programs, faith-based organizations, community colleges or universities. Many of the Head Start programs in Washington State are linked/integrated in Washington's K-12 and higher education system, as well as federally recognized tribes.

3. Your Name, Title, and Contact Information

Sangree Froelicher, Director, Head Start-State Collaboration Office, Froelsm@dshs.wa.gov on behalf of the federal Region X Office.

4. Program Description

Early Head Start is a federal to local program, which provides comprehensive child development and family support services to low income pregnant women, and children from birth to three years of age. These are federal to local grants with indefinite project periods. Early Head Start programs are designed locally and vary according to the needs of the community. Program design decisions are made by parent-and community-led Policy Councils and are based on regularly updated Community Needs Assessment. There are three kinds of program models: home-based, center-based and combination model.

5. Program Goals

Early Head Start is a two-generation program designed to enhance children's development and health by delivering comprehensive services (health, education, nutrition, family support and parent involvement). Early Head Start helps children prepare for preschool across multiple domains (i.e. Health, Social and Emotional, Cognitive, Creativity, Language and Literacy, Approaches to Learning etc.)

6. Key Services

Provides comprehensive prenatal and child development services including early childhood education, health services, family services, nutrition services, transportation, mental health and to economically disadvantaged children and children with disabilities.

7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):

- Health 18 %
- Social & Emotional Development/Mental Health 10 %
- Early childhood education 32 %
- Parenting Education, Information and Involvement 18 %
- Family Support 22 %

8. Funding Sources

The federal Department of Health and Human Services directs funding and monitoring of local grantees. The federal government pays 80% of program costs, and there is a 20% community match requirement. The federal government funded 2,555 Early Head Start slots in 2004 at \$23 million dollars. (These numbers are for funded allotment not actual numbers of children served). The federal government funds programs for the program cost not by cost per child. However, if you were to divide the funded dollars by #of children funded, the average cost per child is \$9,000.

9. Eligibility Criteria

- Pregnant women and children from low-income families are eligible for Early Head Start programs. Income eligibility is based on the poverty guidelines updated annually in the federal register by the U.S. DHHS (100% of FPL).
- Children from families receiving public assistance (TANF programs or SSI) are eligible regardless of family income.
- There is also a provision that 10% of enrollment opportunities are offered to children with disabilities.

10. Program Capacity (# served and # of sites)

4, 000* children B-3 and pregnant women are served at 50 sites (*actual children served)

11. Geographic Area (statewide, counties served, community served etc.)

There are EHS programs across the state but they are not in every county.

12. Key Indicators used to measure achievement of outcome goals

Early Head Start Child Outcomes Framework

13. Evaluation Method

- **Program** – federal reviews, community assessments and self-assessments
- **Child** – federal reviews, community assessments, and child-outcome assessments which vary by program, some use creative curriculum, some use other assessment tools specific for infants and toddlers.

14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):

SICC, Kids Matter, Health & Safety Network, local ICC

15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):

Shaken Baby Syndrome, Back to Sleep, Born Learning and local initiatives

Early Head Start Example: Neighborhood House

1. **Program Name:** Early Head Start
2. **Administering Agency or Organization:** Neighborhood House
3. **Your Name, Title, and Contact Information:** Marcy Miller, Home Based Services Supervisor, Marcym@nhwa.org; 206-760-9330 ext. 17
4. **Program Description:** Comprehensive services to families; prenatal to three. We provide home visits year round for an hour and a half. Topics of discussion include: health, safety, nutrition, family partnerships, social services, and child development. Screenings are completed, and referrals for special needs can be made if appropriate, along with other community referrals. We serve mainly low-income families, and our program serves 90% refugees. This is a home based program with the opportunity to socializations (group gatherings) twice a month.
5. **Program Goals:** To help diverse communities of people with limited resources attain their goals for self-sufficiency, and help to create life long learners.
6. **Key Services:** -Making sure families have medical and dental homes, helping families learn about child development, transition to pre-school, development of family goals, family support, assisting with special needs if necessary, providing family trainings, and times for children and families to gather to network and learn more about child development.
7. **Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):**
 - **Health** 13.56 %
 - **Social &Emotional Development/Mental Health** 7.66 % (this is special needs, but social & emotional development is included in Early Childhood Education)
 - **Early childhood education** 31.76 %
 - **Parenting Education, Information and Involvement** 18.66 %
 - **Family Support** 28.36 %
8. **Funding Sources:** Federal Government
9. **Eligibility Criteria:** Head Start Poverty Guidelines (10% of families can be above this guideline), Children under age of three.
10. **Program Capacity (# served and # of sites)** 74 children, all home based sites within the Garden Communities (or surrounding area) in Seattle.
11. **Geographic Area (statewide, counties served, community served etc.):** Seattle Washington, in the Garden Communities: Yessler Terrace, Rainier Vista, New Holly, and High Point areas. (King County) Serving 80-90% refugee and immigrant families.
12. **Key Indicators used to measure achievement of outcome goals:** Federal Review, Self-Assessment, Completion of Individual Child Goals, and Family Partnerships.
13. **Evaluation Method:** Federal Reviews, Self-Assessment, Internal Monitoring.

- 14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** Kids Matter.
- 15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Shaken Baby Syndrome, Back to Sleep.

Early Childhood Education and Assistance Program **(ECEAP)**

- 1. Program Name:** Early Childhood Education and Assistance Program (ECEAP)
- 2. Administering Agency or Organization:** Community, Trade, Economic Development (CTED) until July 1, 2006, then Department of Early Learning
- 3. Your Name, Title, and Contact Information:** Lynne Shanafelt, Managing Director, (360) 725-2829
- 4. Program Description:** The Early Childhood Education and Assistance Program (ECEAP) provides preschool education, family support, and health and nutrition services to low-income three- and four-year-old children to promote school success. Thirty-three local ECEAP contractors deliver services throughout the state. The State ECEAP Office manages the contracts, provides technical assistance, and monitors for compliance with extensive ECEAP Performance Standards.
- 5. Program Goals:** The goal of ECEAP is that all children in Washington State begin kindergarten in good health, with strong social and emotional skills, with empowered families involved in their education, and ready to learn.
- 6. Key Services :** ECEAP services integrate:
 - Early education preschool.
 - Family support and parent involvement.
 - Health and nutrition.
- 7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):**

Current ECEAP funding \$34,000,000 for an average of \$5800 per funded slot.

Full funding of ECEAP Performance Standards for current slots, using the Head Start average, would require additional funding of \$22,000,000 for a total of about 56,000,000.

(Head Start funding is averaged at \$9,200 per funded slot, which is \$3400 more than ECEAP.)

Serving all four-year-olds at or below 130% of Federal Poverty Guidelines would cost \$ 306,600,000 (free lunch level – adds 26,000 slots to the current 6000 slots for three & four year olds). Another \$12,200,000 for training, technical assistance, contract management, and other infrastructure would be needed for ongoing support.

 - **Health 15%**
 - **Social & Emotional Development/Mental Health 20%**
 - **Early childhood education 40%**
 - **Parenting Education, Information and Involvement/Family Support 25%**

8. **Funding Sources:** Current ECEAP funding includes:

- State general funds to CTED.
- State general funds to DSHS, transferred to CTED by interagency agreement as part of the state match for the Child Care Development Block Grant.
- Reimbursement for nutrition education from the Department of Health.

ECEAP contractors may also receive local funding or grants, which is not reflected in the total in #7.

9. **Eligibility Criteria:** Families are eligible for ECEAP if their income is at or below 110% of the Federal Poverty Guidelines. Up to 10% of funded slots, statewide, may be used for children from families who are not income eligible but are impacted by either:

- Developmental factors, such as developmental delay or disability.
- Environmental factors, such as domestic violence, chemical dependency, child protective services involvement, or other factors affecting school success.

First priority must be given to children who are four years old, but not yet five, by August 31.

Contractors may give second priority to children who are three years old by August 31.

Children from families on a cash TANF grant are automatically eligible. Foster children must be given priority. Each contractor determines a method of prioritizing eligible children to ensure that they serve the children in their community who are most in need.

10. **Program Capacity (# served and # of sites)** In 2005, we are serving 6000 children at 240 sites.

11. **Geographic Area (statewide, counties served, community served etc.)** Statewide, except there are no ECEAP services in Pend Orielle, Klickitat, and Garfield counties. There is Head Start in these locations.

12. **Key Indicators used to measure achievement of outcome goals:**

- A) Percent of income and age-eligible children served statewide
- B) Program quality
- C) Teacher qualifications
- D) Children's social-emotional, physical, and cognitive development
- E) Child health

13. **Evaluation Method** Some outcomes are collected on a statewide level, at some by each contractor. These methods correlate with the indicators above.

- A) Percent served is measured by comparing the number of three- and four-year-olds at or below 110% FPG in the state, and comparing to the number served by ECEAP and Head Start
- B) Program quality is measured through annual self-assessment, monthly state office monitoring of reports, and an extensive program review every four years.
- C) We are currently collecting statewide data on teacher's qualifications.
- D) To measure children's development, contractors must:
 - Perform ongoing observations of individual children's activities, interactions, behavior, language, learning, and development. Maintain objective, confidential observation notes.
 - Assess children's social-emotional, physical, and cognitive development a minimum of two times each school year, using a written assessment instrument.

- E) Child health is measured by completion rates for medical and dental exams and immunization rates. Follow-up care is documented and those records are reviewed during program reviews every four years.

Longer-term measures that are not currently in place include rates of school retention, special education services, and high school graduation.

- 14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** Kids Matter, Department of Early Learning, Early Learning Council committees
- 15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Born Learning, “Read to your child 20 minutes a day.”

Head Start

1. Program Name

Head Start, including American Indian/Alaska Native and Migrant HS Programs

2. Administering Agency or Organization

The federal Department of Health and Human Services directs funding and monitoring of local grantees. Federal grants are given to local organizations. These grantees may be corporations created solely to provide Head Start services, or they may be multipurpose organizations serving migrant populations, public school districts, educational service districts, community action programs, faith-based organizations, community colleges or universities. Many of the Head Start programs in Washington State are linked/integrated in Washington's K-12 and higher education system, as well as federally recognized tribes.

3. Your Name, Title, and Contact Information

Sangree Froelicher, Director, Head Start-State Collaboration Office, Froelsm@dshs.wa.gov on behalf of the Region X Office.

4. Program Description

Head Start is a federal to local program, which provides comprehensive child development and family support services to low income families with children ages 3-5 years of age. These are federal to local grants with indefinite project periods. Head Start programs are designed locally and vary according to the needs of the community. Program design decisions are made by parent-and community-led Policy Councils and are based on regularly updated Community Needs Assessment.

5. Program Goals

School Readiness across multiple domains (i.e. Health, Social and Emotional, Cognitive, Creativity, Language and Literacy, Approaches to Learning etc.)

6. Key Services

Provides comprehensive child development services including early childhood education, health services, family services, nutrition services, transportation, mental health and to economically disadvantaged children and children with disabilities.

7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):

- Health 16 %
- Social & Emotional Development/Mental Health 11 %
- Early childhood education 45 %
- Parenting Education, Information and Involvement 11 %
- Family Support 17 %

8. Funding Sources

The federal Department of Health and Human Services directs funding and monitoring of local grantees. Programs are funded by 80% federal dollars and 20% local, community match. The federal government funded 13,176 Head Start slots in 2004 at \$112 million dollars. (These numbers are for funded allotment not actual numbers of children served). The federal government funds programs for the program cost not by cost per child. However, if you were to divide the funded dollars by #of children funded, the average cost per child is \$8,500.

9. Eligibility Criteria

- Children from low-income families are eligible for Head Start programs. Income eligibility is based on the poverty guidelines updated annually in the federal register by the U.S. DHHS (100% of FPL).
- Children from families receiving public assistance (TANF programs or SSI) are eligible regardless of family income.
- There is also a provision that 10% of enrollment opportunities are offered to children with disabilities.

10. Program Capacity (# served and # of sites)

14, 400* (3-5 yr olds) children served at 300 sites (*actual children served)

11. Geographic Area (statewide, counties served, community served etc.)

Statewide

12. Key Indicators used to measure achievement of outcome goals

Head Start Child Outcomes Framework

13. Evaluation Method

- **Program** – federal reviews, community assessments and self-assessments
- **Child** – federal reviews, community assessments, and child-outcome assessments which vary by program, some use creative curriculum, some use other assessment tools specific for preschoolers.

14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):

SICC, Kids Matter, Health & Safety Network, local ICC

15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):

Health and Early Childhood Initiatives (i.e. Born Learning, Shaken Baby Syndrom, Child Profile and local initiatives)

Head Start-State Collaboration Office (HS-SCO)

1. Office Name

Head Start-State Collaboration Office (HS-SCO)

2. Administering Agency or Organization

Formerly the Office of Financial Management/Governor's Office, currently the Department of Social and Health Services, and soon to be the Department of Early Learning

3. Your Name, Title, and Contact Information

Sangree Froelicher, Director

Head Start-State Collaboration Office

froelsm@dshs.wa.gov

(360) 725-4686

4. Program Description

The HS-SCO was created in Washington State in 1996 as a visible presence for Head Start (HS) and Early Head Start (EHS) at the state level. Additionally, the HS-SCO was established to maintain communication with and ensure Head Start and Early Head Start's participation in systems-integration strategies to benefit **ALL** low-income children and their families.

5. Program Goals

The HS-SCO has been charged by the 1998 Federal Head Start Act to advance three goals:

- Goal One: To assist in building early childhood systems and enhance access to comprehensive services and support for all low-income children.
- Goal Two: To encourage widespread collaboration and create opportunities for partnership between programs and supports servicing the HS/EHS populations, including all low-income children and their families
- Goal Three: To facilitate the involvement of Head Start and Early Head Start in state policies, plans, processes and decisions affecting the Head Start and Early Head Start target populations and other low-income families.

Priority Areas: Health Care; Education, Child Care, Family Literacy; Children with Disabilities; Community Service; Homeless Children; and Welfare.

6. Key Services

The main charge of the HS-SCO is to serve as a catalyst, convener and coordinator in the development of multi-agency and public/private partnerships. Through collaboration, the HS-SCO also works toward the above outlined goals by taking leadership roles in developing and supporting early childhood systems that focus on the 8 priority areas in Washington State.

- **Goal 1 - Systems Building** - The HS-SCO has been a key partner in Kids Matter, the Washington Build Initiative, and the Professional Development and Education Systems Committee.
- **Goal 2 - Creating Opportunities for collaboration and partnership between programs and services serving HS/EHS populations, including all low-income children and their families:** Early Learning Council and Technical Advisory Committees (TACs), Kids Matter, Early Care and Education Coalition, Collaborative Leadership Institute, Promoting First Relationships, CHILD Profile, Infant and Early Childhood Conference, Governor's Early Learning Summit, Benchmarks, Governor and Superintendent's School Readiness Summit, and Regional School Readiness Forums.
- **Goal 3 – Facilitate Head Start's Involvement** - at the state and community level by linking, connecting and and/or investing in:
 - Health Systems - CHILD Profile, Group Health Foundation, Medical Home and Prevention
 - Children with Disabilities – Infant and Early Childhood Conference
 - Education – Child Outcomes, Special Education PreK
 - Child Care – Healthy Child Care Washington, Afterschool Care Systems Network, Child Care Resource and Referral Network (CCR&R) Network
 - Statewide Committees – Develop and submit recommendations for representation on various early childhood committees and initiatives

7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):

- 2002-2005 Budget: \$450,000 annually (additional annual funds were secured through supplemental, competitive grant process).
- 2006-07 Budget: \$220,000 (no options for supplemental funds were given by the Head Start Bureau).
- 2007-10 Budget: \$220,000 annually (plus options for supplemental, competitive grant funds will be available).

The HS-SCO may not spend funds on direct services. The HS-SCO funds may be spent on systems-building and collective-action (collaboration and partnership development) supports and services that fit within the goal and priority areas of the grant.

8. Funding Sources

The federal Department of Health and Human Services (DHHS) directly funds the Head Start-State Collaboration Office. The federal government pays 80% of grant costs, and there is a 20% state match requirement (in-kind or cash match).

9. Eligibility Criteria

One HS-SCO grant per state. The Governor is the signature on the grant, and designates the placement of the office in partnership with the Region X Office and the Head Start Association.

10. Program Capacity (# served and # of sites)

The HS-SCO is not a program nor does it provide direct services. The HS-SCO provides systems-building and collective-action (collaboration and partnership development) supports and services. To this end, the HS-SCO serves many groups, including the following organizations:

- 48 Head Start/Early Head Start Programs in Washington (including American Indian and Migrant and Seasonal programs)
- State and Community Agencies - OSPI, CTED, DOH, Governor's Office, Higher Education, Educational Service Districts, Mayor Offices, Municipalities and local coalitions etc.)
- Private Organizations/Initiatives (Washington State Association of Head Start and ECEAP, Early Care and Education Coalition-14 philanthropic organizations, Foundation for Early Learning, CCR&RN, Washington Association for the Education of Young Children (WAEYC), Regional Local Partners)
- Regionally – Region X Office, Region X Head Start Training & Technical Assistance System, State of Idaho, State of Alaska, and State of Oregon (regional committees, conference planning, and systems building efforts), and State of Hawaii
- Nationally – Head Start Bureau (HSB), Build Initiative of the Early Childhood Funders Collaborative, Joint Systems Partners (HSB, Child Care and Maternal Child Health Bureau) and the American Indian/Alaska Native and Migrant/Seasonal National Head Start-State Collaboration Offices

11. Geographic Area (statewide, counties served, community served etc.)

State, Regional and National

12. Key Indicators used to measure achievement of outcome goals

Extent to which the HS-SCO has advanced its federal grant goal areas, including the following indicators:

- Systems-level collaboration across groups or initiatives with which the HS-SCO, Head Start and Early Head Start are associated;
- Engagement of the HS-SCO as a collaborative investor and partner in various early childhood systems groups, initiatives and priority areas;
- Significance of HS-SCO, Head Start and Early Head Start involvement in various early childhood systems groups and initiatives;
- Facilitation of Head Start involvement in specific policies, plans, process, and decisions;
- Barriers and contributing factors to building successful collaborations across early childhood systems; and
- Significant efforts made to build early childhood systems and/or support services that benefit children and families.

13. Evaluation Method

- Self Assessment of the HS-SCO– multiple tools (Annually)
- Initiative Assessment and Evaluation – Participatory/Evaluative surveys are conducted for projects where the HS-SCO invests.
- Evaluation and Partner Survey – An independent research and evaluation firm has conducted two evaluations in the last 10 years to determine the extent to which the HS-SCO has advanced its federal grant goal areas.
- Groups Required to Review HS-SCO Evaluations – Head Start Bureau, Region X Office, Head Start Association and the HS-SCO Advisory Council (quarterly, bi-annually, and annually)
- Strategic Planning/Planning – Ongoing strategic conversations via state and national coalitions (leadership roles in developing and supporting environmental scans – monthly and quarterly)
- Groups Required to Review HS-SCO Evaluations – Washington State Association of Head Start, Head Start Directors' Affiliate Group, Joint Advisory Council, Region X Office and the Head Start Bureau (quarterly, bi-annual and annual)

14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):

- Kids Matter (key partner)
- Early Learning Council
- Family Policy Council – Health and Safety Networks

- Washington Council for the Prevention of Child Abuse and Neglect
- Family Support Washington
- BUILD Initiative
- State Interagency Coordinating Council

15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):

- Shaken Baby Syndrome
- CHILD Profile
- Healthy Mothers, Healthy Babies (Babies Can't Wait and Family Health Line)
- Born Learning Washington

Healthy Child Care Washington

- 1. Program Name:** Healthy Child Care Washington
- 2. Administering Agency or Organization:** Washington State Department of Health
- 3. Your Name, Title, and Contact Information:** Teresa Cooper PHNC, HCCW Program Coordinator, DOH, Office of Maternal & Child Health, PO Box 47880, Olympia, WA 98504-7880. 360-236-3530. teresa.cooper@doh.wa.gov.
- 4. Program Description:** HCCW seeks to promote the health, safety and development of infants and toddlers in licensed child care and early learning programs. Working through local health jurisdictions, HCCW provides child care health consultation (CCHC) and training for child care providers regarding health, safety, and development of infants and toddlers; links child care providers and parents to community resources and; supports a statewide system that unites the efforts of child care providers, parents, educators, policy makers, advocates, researchers, pediatricians, social service agencies, and health professionals to maximize resources focused on creating healthy and nurturing environments for young children. HCCW began in 1995 as the result of a small systems building grant from HRSA (Healthy Child Care America). In 1999, the program was expanded through funding from DSHS/DCCCL to create a child care health consultation program in every local health jurisdiction in Washington.
- 5. Program Goals:** 1) Increase the resources available to train child care providers and offer them technical assistance, information and referrals; 2) Enhance child care providers' use of practices that promote the social, emotional, physical, health and cognitive development of children; 3) Expand the use of skills and standards for child care health consultants; 4) Improve communication between child care providers and parents about child care quality and their children's development and behavior.
- 6. Key Services:** 1) Child care health consultation with, and training for, child care providers; 2) Linking child care providers and parents to community resources; 3) Participation in a statewide system that works to create healthy and nurturing environments for young children.
- 7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):** The current budget for Child Care Health Consultation is \$1.2 million/year.
 - **Health** __50__%
 - **Social &Emotional Development/Mental Health** __40____%
 - **Early childhood education** ____0____%
 - **Parenting Education, Information and Involvement** ____10____%
 - **Family Support**____0____%
- 8. Funding Sources:** Child Care Development Block Grant funds from DSHS, Division of Child Care & Early Learning.

- 9. Eligibility Criteria:** Funding is to be used to improve the quality of licensed child care (in centers and homes) for infants and toddlers (birth to 3 years).
- 10. Program Capacity (# served and # of sites):** Funding provides public health nurse consultation to licensed child care providers who serve infants and toddlers. Each local health jurisdiction in Washington receives some funding to maintain at least minimum capacity to provide services.
- 11. Geographic Area (statewide, counties served, community served etc.):** Statewide
- 12. Key Indicators used to measure achievement of outcome goals** A comprehensive evaluation is conducted by Organizational Research Services. Measures include:
- Numbers of consultations in-person, by phone and email; topics covered
 - Numbers and types of trainings provided, and topics
 - Changes in child care practice: knowledge, awareness, behavior, communication and health
 - Improved capacity among child care health consultants
 - Increased collaboration among child care system partners
- 13. Evaluation Method:** HCCW maintains a complex data system that offers detailed information on the child care health consultation services. HCCW evaluates at four levels: the systems level, child care health consultant level, child care provider level, and at the child and family level. The HCCW outcome-based evaluation plan uses this data to track local child care health consultants work with licensed child care providers, evaluating the increased use of child care practices that promote health and safety.
- 14. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** Kids Matter.
- 15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Child Care Health Consultants use relevant infant & toddler public education materials such as the above examples in their work with child care providers.

Infant Toddler Early Intervention Program

1. **Program Name** Infant Toddler Early Intervention Program (ITEIP)
2. **Administering Agency or Organization** Department Of Social and Health Services
3. **Your Name, Title, and Contact Information** Sandy L. Morris, Program Director
4. **Program Description** Provides statewide policy for implementing and funding early intervention services for infants and toddlers, birth to three with developmental delays or disabilities and their families under the Individuals with Disabilities Education Act (IDEA), Part C.
5. **Program Goals** Infant Toddler Early Intervention Program:

Principles for Infants and Toddlers with Disabilities and Their Families

These principles reflect early intervention services in Washington. Our state strives for:

Family centered supports and services that:

- recognize the changing nature of families and the developmental needs of children and
- listen to what individuals and families say they need, and assist families to meet their needs in a way that maintains dignity and respects their choices and
- emphasize strengths and individual needs of infants and toddlers and include natural settings and supports.

Culturally relevant supports and services that:

- respect the culture and beliefs of each family and use them as resources on behalf of the family and
- provide diverse communities equal access to planning and programs.

Coordinated services that:

- encourage coordination and innovation by providing both formal and informal ways for people to collaborate in planning, problem-solving, and service delivery and
- allow families, providers, community people, and other agencies to creatively provide the most effective, responsive, and flexible services.

Locally planned supports and services that:

- respect the special characteristics, needs and strengths of each community and
- include a cross-section of local community partners from the public, private, and tribal sectors, in the planning and delivery of services and supports.

Community-based prevention that:

- creates positive conditions in communities, promotes the well-being of families, and reduces the need for future services.

Outcome-based supports and services that:

- use indicators that reflect goals established by families and communities and
- work towards these goals and outcomes in each agency.

Customer service that:

- is provided by courteous, sensitive, and competent individuals.

Creativity that:

- increases the flexibility of funding and programs to promote innovation in planning, development, and provision of quality services and eliminates barriers to coordination and quality services.

6. Key Services

Includes health, education and social services. See #8

- Assistive technology
- Audiology
- Family training, counseling, and home visits
- Health services to enable the child to benefit from other early intervention services
- Medical services only for diagnostic or evaluation purposes
- Nursing services to enable the child to benefit from other early intervention services
- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services
- Social work services
- Special instruction
- Speech language pathology
- Transition
- Vision services

Early intervention services also include Family Resources Coordination by a Family Resources Coordinator (FRC).

The FRC facilitates identification of eligible infants and toddlers, assists with eligibility determination, participates in the development and implementation of the Individualized Family Service Plan, and coordinates service delivery activities and funding.

7. Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %): See #8 below

- Health _____%
- Social & Emotional Development/Mental Health _____%
- Early childhood education _____%
- Parenting Education, Information and Involvement
- Family Support _____%

8. Funding Sources For 2005

IDEA, Part C - \$7.9 million, payer of last resort.

For October 1, 2005 through September 30, 2006

OSPI/Schools serving birth to three – \$13.9 million.

Expended 2004/05

County Human Services Agencies – Child Development Services - \$4.7 million
Budgeted

Department of Health - Budgeted

- Children with Special Health Care Needs – \$1 million.
- Neurodevelopmental Centers – \$938,000

There are a variety of sources that may fund early intervention services. Not all of the following are available in each geographic location in Washington. Families, Family Resources Coordinators (FRCs) and the local early intervention providers work together, through the Individualized Family Service Plan (IFSP) process to access any funding available for direct services.

- Parents, with insurance, are required to access their private health insurance and make parent payments of insurance co-pays, co-insurance, deductibles, and premiums. An exception may be made if accessing insurance and paying their proportion creates a financial hardship for the family. Early intervention services must be provided regardless of the family's ability to pay.
- Medicaid is a primary funding source. Over 70% of the children in ITEIP are Medicaid eligible. However, accessing Medicaid for this population is becoming increasingly more difficult as Washington looks at ways to control state spending and maintain budgets within the current economic environments. State reductions must be done with caution to ensure the state's maintenance of effort requirement.

OTHER POTENTIAL STATE FUNDING SOURCES

Basic Health	Basic Health Plus	Children's Health Insurance Program
Charitable Contribution	Child Care Block Grant	DDD, such as Family Support
Early Head Start	Elk's Program	Federal Impact Aid
First Steps	Indian Health Services	Locally Tax Raised Funds
TANF (Work First)	Title IV-E (Child Protective Services)	Title V Maternal and Child Health
Tribal Funds	TRI CARE	Women, Infants and Children (WIC)

9. Eligibility Criteria

A child is eligible if he or she demonstrates a delay of 1.5 standard deviation or 25% of chronological age delay in one or more developmental areas (Physical (*including vision, hearing, fine or gross motor*), Cognitive, Communication, Social or Emotional, and Adaptive); OR

Has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

10. Program Capacity (# served and # of sites) All eligible infants and toddlers statewide.

From October 1, 2004 through September 30, 2005 served 7436 eligible children, birth to three, and their families.

11. Geographic Area (statewide, counties served, community served etc.) statewide**12. Key Indicators used to measure achievement of outcome goals**

Percent of infants and toddlers with IFSP who demonstrate improved:

- A) Positive social-emotional skills (including social relationships);
- B) Acquisition and use of knowledge and skills (including early language/communication); and
- C) Use of appropriate behaviors to meet their needs.

Percent of families participating in Part C who report that early intervention services have helped the family:

- A) Know their rights.
- B) Effectively communicate their children's needs; and
- C) Help their children develop and learn.

13. Evaluation Method Currently being developed.**14. Systems Initiative this program is connected to either by topic and/or association (i.e.**

Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):

All systems initiatives related to children, birth to six and their families. ITEIP is required to have the State Interagency Coordinating Council and local lead agencies are required to have County Interagency Coordinating Councils.

15. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.): Healthy Mothers Healthy Babies ASK (Answers for Special Kids) 1-800 hotline, Department of Health (DOH) CHILD Profile health promotion mailings, Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) abuse prevention initiatives, DOH initiatives focusing on children with special needs.

Nurse Family Partnership Programs

1. **Program Name:** Nurse Family Partnership (known as Best Beginnings in most WA counties)
2. **Administering Agency or Organization** Local Public Health Agencies: Public Health-Seattle King County, Yakima Valley Memorial Hospital (Children's Village), Snohomish Health District, Mason County Health Department, Jefferson County Public Health, Thurston County Public Health and Social Services, Skagit County Public Health
3. **Your Name, Title, and Contact Information** Jennifer Walton, Child & Family Health Supervisor, Skagit County Public Health, 700 S. 2nd St #301, Mount Vernon, WA 98273. 360-336-9383, jennis@co.skagit.wa.us
4. **Program Description** Intensive home visiting services for low-income, first-time mothers from early pregnancy until child's 2nd birthday (see www.nursefamilypartnership.org)
5. **Program Goals** Improved pregnancy/birth outcomes, Improved child health & development, Improved families' economic self-sufficiency
6. **Key Services** Weekly or bi-weekly home visits by specially trained public health nurses, beginning by 28th week of pregnancy (ideally before 16th week). Focus on various life domains with research-based clinical guidelines.
7. **Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):**

The Yakima program estimates the cost is about \$5000 per family per year. NFP has targets for percent of time spent on personal health, environmental health, life course development, maternal role, and friends & family. Translating those targets into the categories below would probably look something like:

- **Health** __45__%
- **Social & Emotional Development/Mental Health** __15__%
- **Early childhood education** _____%
- **Parenting Education, Information and Involvement** 25%
- **Family Support** __15__%

These categories, however, are all inter-related and difficult to clearly separate out by domain. For example, time spent in life course development may build self-efficacy which can create more confidence in parenting interactions, financial stability to family, etc. It's all integrated, and all ultimately impacts the child's readiness for school—and in many cases, mom's readiness to return to school!

8. **Funding Sources** Varies by site: local public health dollars, Maternal/Child Health Block Grant, Various grant sources (WCPCAN, Safe Schools/Healthy Students, etc), Medicaid administrative match
9. **Eligibility Criteria** Low-income, first-time mothers, must enroll before 28th week of pregnancy

10. **Program Capacity (# served and # of sites)** Currently offered in 7 Washington counties, with overall capacity of approximately 550 families. Nurses carry a maximum caseload of 25 clients.
11. **Geographic Area (statewide, counties served, community served etc.)** Yakima, King County, Mason County, Jefferson County, Thurston County, Snohomish County, Skagit County
12. **Key Indicators used to measure achievement of outcome goals** Data system, annual report on many indicators. Data collected on program fidelity, outcomes that can be measured by end of services.
13. **Evaluation Method** All sites collect data at every home visit, which is entered into a client information system. Sites get quarterly and annual reports to monitor program effectiveness and states get a detailed annual report. A recent report by the Rand Corporation (found at www.rand.org/publications/MG/MG341) indicates that measurable outcomes are defined in the following areas: cognitive achievement, behavioral/emotional, child maltreatment, health/accidents/injuries, crime.
14. **Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** Not directly connected to a systems initiative, but fits into all areas of Kids Matter!
15. **Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Not directly connected to any of these, but promotes principles of all!

See attached information cut from the PDF at the following weblink:

http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/YakimaNFPFactSheet.pdf

YAKIMA COUNTY • FACT SHEET

(Note: The information on these 2 pages is verbatim from the following PDF)

http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/YakimaNFPFactSheet.pdf

What is the Nurse-Family Partnership? The Nurse-Family Partnership (NFP) is an evidence-based nurse home visitation program that has been shown to positively impact the lives of first time mothers and their children. The program enrolls first-time low-income mothers early in their pregnancy and follows them through their child's second birthday. NFP is a primary prevention public health program. It was implemented in Yakima County beginning in November 2003 through a collaborative grant partnership between Yakima County Community Services, Yakima Valley Memorial Hospital, Yakima Valley Farm Workers Clinic, Yakima Neighborhood Health Services, and The Memorial Foundation.

What public benefits result from NFP?

Randomized controlled trials demonstrate the following benefits:

- 79% reduction in child abuse and neglect
- 56% reduction in emergency room visits
- 83% increase in labor force participation
- 30 month reduction in welfare use
- 32% reduction in subsequent pregnancy
- 44% reduction in maternal behavior problems due to substance abuse
- 69% fewer arrests among low-income, unmarried mothers
- 56% fewer arrests among NFP children of low-income, unmarried mothers
- 81% fewer convictions among NFP children of low-income, unmarried mothers
- Increases in children's school readiness - Improvements in language, cognition and behavioral regulation
- \$17,180 lifetime cost savings for every NFP mother and child

How does NFP differ from First Steps? The NFP model focuses on low-income first time mothers only, while First Steps maternity support services focuses on all Medicaid pregnant women through two months postpartum. In First Steps, Infant Case Management is available for only a small subset of families with selected risk factors through the child's first birthday. The NFP model calls for a greater length and intensity of services (through the child's second birthday) delivered in the home or community setting by nurses.

How many families are being served by NFP, and how many in Yakima County are eligible?

In Yakima County, 100 first time moms and their babies are currently being served through NFP and many of the mothers are teenagers. There are about 1,000 Medicaid-paid births to first time mothers every year in Yakima County.

What communities have an NFP Program? In Washington State, Yakima, Jefferson, King, Mason, Snohomish, and Thurston Counties have NFP programs in place. NFP has also been replicated in hundreds of communities in twenty other states. Four of those states have statewide implementation efforts in place. The goal of the national NFP office is to offer NFP to eligible women in every state and every county in the nation.

How much does NFP cost? In Yakima the cost of NFP is estimated at about \$5,000 per family per year. In 2004 the Washington State Institute for Public Policy released a report on the cost and benefits of a variety of prevention programs. Of the prevention and early intervention programs reviewed, NFP ranked highest in terms of achieving significantly more benefits than costs. In their analysis, implementation costs were estimated at \$9,118 and benefits estimated at \$26,298 leaving a net return to taxpayers of \$17,180 per family served.

How is NFP funded? In Yakima County, the development and implementation of NFP was funded by a 3-year federal grant from the Substance Abuse and Mental Health Services Administration. This grant ends in July 2006. Diverse funding sources will be necessary to sustain the program in Yakima County - likely including Medicaid, grants, and local government and community support.

What can be done to assure continuation and expansion of the NFP program in Yakima County?

You can help by advocating for and supporting evidence-based programs such as NFP at the local, state, and federal level.

FOR MORE INFORMATION PLEASE CONTACT: Diane Patterson, MSN, MPH, Project Director, Yakima Valley Memorial Hospital at: Diane.patterson@yvmh.org Vickie Ybarra, RN, MPH, Project Evaluator, Yakima Valley Farm Workers Clinic at: (509) 248-3782

(Note: The information on these 2 pages is verbatim from the following PDF)

http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/YakimaNFPFactSheet.pdf

Preschool Special Education Services

1. **Program Name:** Preschool Special Education
2. **Administering Agency or Organization:** Office of the Superintendent of Public Instruction (OSPI).
3. **Your Name, Title, and Contact Information:** Karen Walker, Program Supervisor, (360) 725-6078, kwalker@ospi.wednet.edu.
4. **Program Description:** The purpose of the Preschool Special Education Program is to provide early childhood education policy and practice guidance. Policy guidance is based upon Washington Rules for the Provision of Special Education to Special Education Students, Chapter 392-172-WAC and the Individuals with Disabilities Education Act, (IDEA) Section 619 Preschool Programs. OSPI works collaboratively with Educational Service Districts (ESD), school districts and partner early care and education programs in the provision of inclusive early childhood special education services.
5. **Program Goals:** To ensure all preschool children with disabilities or developmental delays receive a free appropriate public education in the least restrictive environment so that they will be prepared to enter school ready to succeed. Program performance is being measured on the following indicators:
 - Effective transitions for children entering preschool.
 - Increasing learning opportunities in inclusive environments.
 - Improving early childhood outcomes in three areas:
 - i. Children will have positive socio-emotional skills including social relationships;
 - ii. Children will acquire and use knowledge and skills including communication, language and early literacy;
 - iii. Children will take appropriate action to meet their needs.
6. **Key Services:** Special education and related services.

WAC 392-172-045 Special Education. As used in this chapter "special education" means specially designed instruction provided to an eligible student as defined in WAC 392-172-035(2). Specially designed instruction shall be provided at no cost to the parents, in conformance with the student's Individualized Education Program (IEP), and designed to meet the unique needs of the student. Specially designed instruction includes instruction conducted in classrooms, in the home, in hospitals and institutions, and in other settings.

WAC 392-172-055 Related Services. As used in this chapter, the term "related services" means transportation and such developmental, corrective, preventative and other supportive services as are required to assist a special education student to benefit from special education.

Related services include classified staff services, counseling services, early identification and evaluation of disabilities in students, medical services, parent counseling and training,

psychological services, recreation, rehabilitation counseling services, school health services, social work services in schools, and transportation.

Related services may include other developmental, corrective, preventative or supportive services, if they are required to assist a special education student to benefit from special education. Travel training, vocational training, speech and language services, physical and occupational therapy, orientation and mobility instruction, behavioral intervention instruction, transition services, and audiological services are considered special education under this chapter if they are provided as specially designed instruction. They are considered related services under WAC 392-172-055 if they are required to assist a special education student to benefit from special education, and not provided as specially designed instruction.

7. **Budget** – State level early childhood projects funded with discretionary IDEA, Section 619 Preschool funds include:

- The Washington Association for the Education of Young children (WAEYC) Early Childhood Inclusion Grant.
- The Annual Infant and Early Childhood Conference.
- Early Childhood Transition and School Readiness Project.

ESD and local school district budgets are developed locally. Budget information can be obtained from the OSPI web page at <http://www.k12.wa.us/SAFS/default.asp>, Business/Grants, Apportionment/Financial Services.

8. **Funding Sources**

State level preschool special education activities are funded with IDEA, Section 619 discretionary funds.

ESD and school district preschool special education services and activities are funded primarily with federal IDEA Part B, or Section 619/Preschool funds and/or state special education excess cost funds if appropriate. Preschool children with disabilities may receive early learning services in settings funded by a variety of other state, federal and local sources (Head Start/ECEAP, Title I, Even Start, I-728, etc.).

Approximate Federal and state special education preschool funding:

- State special excess cost funds (on average) approximately \$4000 statewide per child per year pro-rated over an 8 month period.
- Federal IDEA Part B Section 619 funding \$514 statewide per child average per year.
- Federal IDEA Part B funding (optional source) \$1,462 statewide per child average per year.

9. Eligibility Criteria

WAC 392-172-114 Definition and eligibility criteria for developmentally delayed.

"Developmentally delayed, three to six years" shall mean those children between three and six years of age who demonstrate a delay on a standardized norm referenced test, with a test-retest or split-half reliability of .80 that is at least:

- (a) Two standard deviations below the mean in one or more of the five developmental areas defined in WAC 392-172-116; or
- (b) One and one-half standard deviations below the mean in two or more of the five developmental areas defined in WAC 392-172-116; or
- (c) Qualify for one of the other eligibility categories specified in this chapter; and
- (d) Are in need of special education and any necessary related services.

- 10. Program Capacity (# served and # of sites):** On December 1, 2005, 13,086 eligible preschool children were reported eligible and receiving preschool special education services. It was also reported that 38% of these children were served in settings with their typically developing peers which could include Head Start / ECEAP, community preschool and child care programs. Over 220 school districts are providing services to eligible children. Only district level information is reported. The many sites where services are provided are not reported to the state.

11. Geographic Area (statewide, counties served, community served etc.)

Special education preschool services must be available statewide. All school districts are required to provide a free appropriate public education for all eligible children beginning at age 3.

12. Key Indicators used to measure achievement of outcome goals

- The percent of preschool children with IEPs who received special education and related services in settings with typically developing peers (e.g., early childhood settings, home, and part-time early childhood/part-time early childhood special education settings).
- The percent of preschool children with IEPs who demonstrate improved:
 - Positive social-emotional skills (including social relationships);
 - Acquisition and use of knowledge and skills (including early language/communication and early literacy); and
 - Use of appropriate behaviors to meet their needs.
- The percent of children referred by prior to age 3 by Part C early intervention programs, who are found eligible for Part B, and who have an IEP developed and implemented by their third birthdays.

- 13. Evaluation Method:** Indicator data will be collected, measured and aggregated at the state level and reported to the U.S. Department of Education, Office of Special Education Programs. Indicator data will be used to make program improvements. On-site monitoring will also assess compliance or level of performance on early childhood indicators. Program monitoring may produce performance indicator information may also help to focus program improvement efforts.

14. **Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):**
Kids Matter (still determining connection), the State Interagency Coordinating Council (represent OSPI on the SICC), and Washington Integrated Systems Enhancement Grant (past advisory committee member).
15. **Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** Born Learning, Healthy Mothers, Healthy Babies, CHILD Profile health promotion mailings.

Washington Council for Prevention of Child Abuse & Neglect / Children's Trust Fund of WA

1. **Program Name:** Washington Council for Prevention of Child Abuse & Neglect / Children's Trust Fund of WA (WCPCAN)
2. **Administering Agency or Organization:** Same as above
Your Name, Title, and Contact Information: Joan Sharp, ED, sharpjd@dshs.wa.gov
3. **Program Description** The Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN), an office of the Governor, serves as a resource to the state of Washington on the subject of child abuse prevention. It develops and provides leadership to a statewide network of community-based child abuse prevention resources that strengthen families and promote healthy child development. It funds and provides training, technical assistance, and support to community-based programs in order to increase their capacity to achieve measurable outcomes and sustainability. It works in partnership across organizations and systems to leverage resources and address systemic barriers that reduce access to services and supports. WCPCAN leads and supports a variety of public education and advocacy efforts to increase awareness of and move individuals, organizations, and policy makers to actions that help reduce child abuse and neglect. WCPCAN supports the governance functions of the council and its committees, made up of citizen, state government, and legislative representatives. The council is also responsible for the development and management of the Children's Trust Fund of Washington.
5. **Program Goals** –Overall Goal: Strengthened child abuse and neglect prevention policies, programs, practices & partnerships. Goals of funded programs are achievement of specific outcomes related to WCPCAN-identified protective factors, i.e. Nurturing and Attachment: Responsive Social Support Network: Knowledge of Child Development: Effective Problem-Solving; Effective Communication; Stress Management; Non-Punitive Discipline & Guidance; Effective Family Life Management & Self-Sufficiency Skills.
4. **Key Services** See above program description. Services provided by grant-funded programs include parent training and education; parent support and mentoring; home visiting, and crisis nurseries/respite.
5. **Budget – Please give the total cost for services provided. Additionally, please allocate a budget percentage (all % need to add up to 100% of Budget) by the following categories (include administrative costs for each category within that category %):**
 - **Health** _____%
 - **Social &Emotional Development/Mental Health** _____%
 - **Early childhood education** _____%
 - **Parenting Education, Information and Involvement**
 - **Family Support**_____%

WCPCAN invests approximately \$550,000 annually in direct (financial) support for community-based programs providing these services, and another approximate \$350,000 in

indirect support via our policy advocacy, partnerships, public awareness campaigns, training & technical assistance/research clearinghouse, etc. programs.

It would be difficult if not meaningless for us to attempt to detail the direct support expenses by these categories, as most of the programs we fund seek outcomes/provide services in more than one these service categories. For example, the Nurse Family Partnership program addresses 4 of 5 of these domains, as does Parents As Teachers.

Also, according to the framework established by Kids Matter, “Family Support” is not a specific service but rather an approach to providing services that cuts across service areas.

- 6. Funding Sources:** Approx. \$600,000 – state allotment, \$550,000 – federal
- 7. Eligibility Criteria:** None. WCPCAN grant funds are available to any private non-profit agency, government entity or faith-based organizations serving Washington State. While some funded programs serve targeted populations, as providers of primary/secondary prevention – i.e. before abuse or neglect has occurred – programs do not restrict access based on specific eligibility criteria.
- 8. Program Capacity (# served and # of sites):** From July 04 – June 05, 17 WCPCAN-funded programs served 1,846 adults and 2,433 children. Some programs provided services in multiple sites.
- 9. Geographic Area (statewide, counties served, community served etc.):** Statewide
- 10. Key Indicators used to measure achievement of outcome goals** See above (additional detail is available)
- 11. Evaluation Method:** Outcome based evaluation reported annually. Technical assistance is provided to funded programs to increase their capacity to effectively measure and report results.
- 12. Systems Initiative this program is connected to either by topic and/or association (i.e. Kids Matter, Family Policy Council-Health & Safety Networks, SICC-Local ICC etc):** WCPCAN is connected to Kids Matter and other system change initiatives relevant to achieving our strategic objective of reducing systemic barriers to effective child abuse and neglect prevention.
- 13. Public Education Campaign or effort this program is connected to by topic and/or association (i.e. Born Learning, Shaken Baby Syndrome, Back to Sleep etc.):** WCPCAN is legislatively mandated to provide public education on Post Partum Depression, Shaken Baby Syndrome, and to advance general public awareness and understanding of effective solutions to the problem of child abuse & neglect.